Important Notice

This is one of a series of ethical dilemmas published in the Texas Dental Journal between 1993 and 2005. The lead author of these dilemmas, Dr. Thomas K. Hasegawa, died tragically in 2005. The dilemmas remain an important legacy for dentistry.

Format

Each ethical dilemma was originally introduced in one issue of the Texas Dental Journal with the question, “What would you do?” The more expansive analysis of the dilemma was presented in a subsequent issue. The second page of this file depicts the cover of the issue containing the analysis of the dilemma, not the issue containing the briefer introduction to the dilemma. The ethical dilemmas were compiled for digital use by the American College of Dentists in 2008.

Purpose

This ethical dilemma and the other dilemmas in the series are only meant to further your knowledge and understanding of dental ethics by presenting, discussing, and analyzing hypothetical ethical dilemmas that may occur in dental settings. The dilemmas are not intended to: a) provide legal advice; b) provide advice or assistance in the diagnosis or treatment of dental diseases or conditions; or c) provide advice or assistance in the management of dental patients, practices, or personnel.

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Support

For more information about this series of digital ethical dilemmas, contact:

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“Explore the River of Knowledge”
TDA’s 125th Annual Session
Ethical Dilemma

Relief of dental pain is a skill that patients expect and our dental Code of Ethics defines. The TDA Code states, “Professional competence is the just expectation of each patient,” (1) and the ADA Code adds, “the overriding obligation of the dentist will always remain the duty to provide quality care in a competent and timely manner.” (2)

The desire not to harm Carol was clear in this case, as none of the respondents chose to follow Carol's wishes and extract her molars. In an attempt to alleviate her pain, dentists chose to either treat her symptoms as a cracked tooth or as a temporomandibular disorder (TMD). One half of the respondents attributed Carol's pain to a cracked or fractured tooth, but were divided in treatment alternatives. Some chose selective local anesthesia techniques such as “PDL,” or “posterior or middle superior injections” to attempt to localize the offending tooth. Others chose to reduce the occlusion with or without placing orthodontic bands, or to refer the patient to an endodontist for a second opinion. Her symptoms did not fit the “classic” cracked tooth syndrome (3), as she was neither sensitive to thermal tests nor reported pain on mastication. However, cracked teeth may have a vital response to pulp tests, no pain on vertical percussion, and may be difficult to localize the pain to one tooth. (4) She did have MOD restorations which makes the teeth more prone to fracture, although the amalgams were small in size. (5) She did not have any signs of bruxism (4) or notable history from 15 years in the practice. All of these elements factored into the difficult nature of the case. One clinician, an endodontist, noted that some key information was missing, such as the nature of the pain, the patient's response to palpation of “associated muscles and alveolar bone over the teeth,” or if there was any history of trauma in this area. Even after a full coverage restoration, some patients will still have symptoms and will need endodontic treatment. (4)

What Would You Do?
Ethical Dilemma #17

Alan Norris is a 35-year-old advertising salesman for a local company who came to your general practice because a co-worker said that he were “painless” and used “laughing gas.”

You first saw Alan three months ago as an emergency patient with a pericoronitis associated with a partially erupted mandibular third molar. His medical history and vital signs were unremarkable, and his dental history included several painful experiences as a child which made him “afraid of the dentist.” He also admits to using recreational drugs, especially marijuana, in college, although he “didn’t inhale.” All of his dentists used the “gas,” and he added, “this is the only way I can tolerate dental drilling.”

You used nitrous oxide oxygen sedation during the surgical extraction and his restorative appointments. This is his third appointment, and you are concerned that his need for “gas” was more for pleasure than the avoidance of pain. He inhales deeply during the appointments and asks you to “crank it up.” He even told your assistant in confidence, “this gas is great, it really gives me a high.”

You are now faced with an ethical dilemma. Check the course(s) of action that you would follow and mail or fax this page, or a note indicating your recommendation, as instructed below.

1. _____ Continue to treat Mr. Norris using nitrous oxide oxygen sedation.
2. _____ Continue to treat Mr. Norris using nitrous sedation but lower the dosage during the appointment.
3. _____ Discuss your concerns with Mr. Norris and attempt to determine if he is a substance abuser. If he denies being an abuser, proceed with #1 or #2.
4. _____ Discuss your concerns with Mr. Norris, and if he admits to being an abuser, insist that he have professional counseling before you resume treatment using nitrous sedation.
5. _____ Discontinue treating Mr. Norris.
6. _____ Other alternative (please explain)

SEND YOUR RESPONSE BY FEBRUARY 4, 1995 ATTENTION:
Dr. Thomas K. Hasegawa, Jr., Department of General Dentistry, Baylor College of Dentistry
P.O. Box 660677, Dallas, TX 75266-0677
or FAX to (214) 828-8952.

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Ethical Dilemma

“Crank it up!” Patient Seeks a “High” From Nitrous

Response to Ethical Dilemma #17

Alan Norris is a 35-year-old advertising salesman (complete case in the January TDA Journal) for a local company who came to your general practice because a co-worker said that you were “painless” and used “laughing gas.”

You first saw Alan three months ago as an emergency patient with a periapical abscess associated with a partially erupted mandibular third molar. His medical history and vital signs were unremarkable, and his dental history included several painful experiences as a child which made him “afraid of dentists.” He also admits to using recreational drugs, especially marijuana, in college, although he “didn’t inhale.” All of his dentists used the “gas” and he added, “this is the only way I can tolerate dental drilling.”

You used nitrous oxide oxygen sedation during the surgical extraction and his restorative appointments. This is his third appointment and you are concerned that his need for “gas” was more for pleasure than the avoidance of pain. He inhales deeply during the appointments and asks you to “crank it up.” He even told your assistant in confidence, “this gas is great, it really gives me a high.”

Dentists who responded to the case chose three options for Mr. Norris. They would: (1) continue to treat Alan using nitrous [option #1]; (2) use nitrous sedation but lower the dosage [option #2]; or (3) discuss your concern that he may be an abuser, and if he denies this [option #3] proceed with either of the first two options. None of the dentists chose to refer him for professional counseling if he admits to being an abuser [option #4] or to discontinue treating Mr. Norris [option #5].

Nitrous oxide and oxygen inhalation sedation serves an important role in the management of fear and anxiety for dental patients. This analysis will briefly review the benefits, disadvantages and contraindications of this drug and the ethical issues surrounding Alan’s request to “crank it up” including: (1) Is the dentist the agent of the patient?; (2) Should the dentist provide euphoria on demand?; (3) What is the potential for nitrous abuse?; and (4) Can nitrous oxide administration in the dental office trigger a relapse for a patient in recovery for substance abuse?

Benefits, Disadvantages and Contraindications

Nitrous oxide is presumed to be a “safe,” “nearly ideal” (1) sedative agent that is used to control pain and anxiety. The benefits of this conscious sedation technique are well documented and the disadvantages and contraindications few.

Malamed has described the benefits as: rapid onset, ability to titrate to a peak clinical effect, easy to lighten or deepen the sedation, flexible duration of action, rapid recovery, ability to titrate to a safe dosage, no sedative injection is required, few side effects, no adverse effects on the liver, kidney, brain, cardiovascular and respiratory systems, and its analgesic properties. (1) The disadvantages include: the high initial cost of equipment, continued cost of the gases, space required for equipment in the operatory, nitrous oxide’s low potency, patients must cooperate by inhaling the gases, special training is required to assure safe and effective use, and the possibility that chronic exposure to trace amounts of nitrous is deleterious to the health of dental personnel. The contraindications include: patients who are compulsive, claustrophobic or have personality disorders, children with severe behavior problems, patients with respiratory conditions or chronic pulmonary disease, and the pregnant patient. (1)

Nitrous oxide conscious sedation is commonly used in dental practice. Preliminary survey data for 1994 indicates that when dentists were asked if they use nitrous oxide in their private practice, 43.5 % indicated that they provide nitrous for their patients, (2) a decline from a 1988 survey which showed that 50% of U.S. dentists regularly employed this drug. (3)
Ethical Dilemma

Should the Dentist “Crank it Up”?

Is the dentist obligated to provide treatment when a patient requests or demands it? A dentist could perceive his or her primary role as serving the patients’ needs by fulfilling their requests, whatever those requests may be.

Although this is foreign to our common understanding of the role of health professionals, Ozar has described this relationship as the “Agent Model” of the dentist-patient relationship, where the dentist acts merely to fulfill the patient’s requests. (4) In this distorted relationship, a patient requesting a controlled substance to meet their addiction needs would receive it from the dentist, without regard for the patient’s well-being or the profession’s standards, norms, or legal responsibilities. The “Agent Model” is an inappropriate description of the dentist-patient relationship because the model ignores the values of the profession as it functions in our society.

But Alan’s case is not about a patient’s request for a narcotic analgesic, but rather for a nitrous oxide “high.” Should the dentist provide euphoria on demand? One dentist remarked, “I don’t know of any reason to withhold N₂O from the patient if the patient needs that crutch in order to have their dentistry completed and requests its use.” What are some of the issues related to nitrous oxide sedation and its potential for abuse?

Dentists benefit their patients by providing competent care (5) and sedative agents like nitrous oxide provide a real benefit for patients by helping manage their fear and anxiety. (1) Alan experienced several painful dental experiences as a child and

What Would You Do?

Ethical Dilemma #19

For five years, you have been trading dental emergency weekend coverage with Kurt Knell, another general practitioner in your office complex. It has worked out well, as you can almost plan the entire year and the weekend coverage that fits both of your needs.

Felix Major is an emergency patient of Kurt’s who lost a small part of an amalgam on his mandibular second molar. Mr. Major was more worried than in pain as he was scheduled to start crowns on all of his molars next week. You expose a bitewing and periapical radiograph and plan to place IRM in missing mesial box of #18. The deficiency is small and there is no evidence of clinical or radiographic caries. Mr. Major asks you, “Do you think these four teeth need crowns? I only had silver fillings before I started with Dr. Knell. He showed me the big cracks in the teeth with his tiny tooth camera and said I should do crowns before I have nerve problems or the teeth split. My teeth don’t hurt me and crowns are expensive, although my dental insurance helps. What do you think?” Your examination reveals small, two and three surface amalgam restorations on the four molars, no evidence of decay or excessive occlusal wear from bruxism. Mr. Major is 30 years old and is in good general and oral health. It appears that the replacement of a few of the molar restorations is all that is needed.

Your concern is that you are aware that Kurt is having problems economically because of major loses in the stock market and cost overruns on his new office. Is it only a coincidence that several recent emergency patients like Mr. Major are also planned for crowns when it appears that a few replacement restorations would suffice? Is Kurt over-treating his patients because of his money woes or is this just a difference of clinical opinion?

You are now faced with an ethical dilemma. Check the course(s) of action that you would follow and mail or fax this page, or a note indicating your recommendation, as instructed below.

1. _____Don’t concern yourself with this situation. Take care of the emergencies and don’t worry about over treatment.
2. _____Explain to the patient that you don’t have all the diagnostic materials to make that judgment and can’t answer the question.
3. _____Call Kurt and describe your concerns to him.
4. _____Have the patient contact the local dental peer review committee.
5. _____Other alternative (please explain).

SEND YOUR RESPONSE BY April 6, 1995 ATTENTION:
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Nitrous oxide has been a substance of abuse since its discovery in 1772 (1) and its potential for abuse (1, 8, 9) and neurologic effects are well-documented. (8) Nitrous oxide has an abuse potential because it can produce euphoria. If Alan admits to abusing drugs, it is the responsibility of the dentist, or any health care provider, to recommend professional counseling and to avoid prescribing controlled substances that may worsen the abuse. This sedation technique should be used cautiously with known substance abusers. One dentist disagreed with this view and remarked, “it is unrealistic to think he will get counseling or quit because you advised it.” While this view may be pragmatic, it may not acknowledge the need for constructive communication as fundamental to the doctor-patient relationship. Ozar proposes that the ideal dentist-patient relationship is an “Interactive Model,” (4) in which communication and cooperation during decision-making about the patient’s oral health occurs because both parties acknowledge that each is capable of choice and that they both have values that they are trying to live by. If Alan admitted during these discussions that he is in a recovery program, should that affect the dentist’s decision to “crank it up?”

One of the controversies over nitrous oxide is its possible effect on the patient who is in recovery for alcohol or other chemical dependency. One dentist observed: “I know of no studies that would indicate that ‘drug abuse’ is a reason to withhold N₂O. I know of no studies that indicate N₂O would make a drug abuser go out and start drinking alcohol or take cocaine or some other drug because they had N₂O in a dental office.” In this regard, Sandoval wrote that the euphoric effects of nitrous oxide: “can inadvertently trigger the ‘familiar sensations’ of any psychoactive substance. These sensations can stimulate the craving for a drink and/or another drug and potentiate the relapse of the addiction.” (9) Personal conversations with counselors in chemical dependency and well-being programs affirm the view that there are no studies that support this claim, but describe clients in recovery who have been “triggered” by nitrous oxide in the dental office and have relapsed.

The controversy provides more viewpoints than the space available in this response. However, dentists who provide nitrous oxide sedation or prescribe any drug of abuse need to stay current on the treatment of the drug abuser, addicted or recovering patient and how to effectively manage the patient who is seeking a “high.”

Conclusion

Dentists are not obligated to provide a “high” for patients who request that you “crank up” the nitrous oxide. The proper goal of this sedative technique is the control of fear and anxiety through the proper titration of the “ideal sedation level” for each patient. Dentists who provide this sedation technique should be knowledgeable in treating the drug abuser, addicted or recovering patient to assure that any further use of nitrous oxide will benefit and not harm the patient.

References


EDITOR'S COMMENT: Responses to the ethical dilemmas are views of the contributors and consultants and not Baylor College of Dentistry, the National Center for Policy Analysis or the Texas Dental Association. Address your comments to Dr. Thomas K. Hasegawa, Jr., Department of General Dentistry, Baylor College of Dentistry, P.O. Box 660677, Dallas, TX 75266-0677, or fax to (214)828-8952. Dr. Bryan Henderson is an Assistant Professor Clinical in the Department of Oral & Maxillofacial Surgery, Baylor College of Dentistry.

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In Memoriam

Cason, Larry J.
Wichita Falls, TX
December 15, 1934—October 1, 1994
Good Fellow, 1987

Dodd, Jerald Lee
Paris, Texas
November 27, 1931—December 20, 1994
Good Fellow, 1986

Jones, Frank Norris
Vernon, Texas
February 6, 1921—January, 1995
Life Member, 1992

Kelley, Virgil Knight
McGregor, Texas
May 19, 1922—December 4, 1994
Good Fellow, 1980
Life Member, 1987

McCaskill, William C.
Dallas, Texas
December 8, 1913—July, 1994
Good Fellow, 1966
Life Member, 1978
50 Year, 1990

Veale, Ernest
Houston, Texas
November 27, 1910 — December 27, 1994
Good Fellow, 1968
Life Member, 1977

Wills, Edwin B.
Fort Worth, Texas
September 21, 1906 — January 17, 1995
Good Fellow, 1964
Life Member, 1973
50 Year, 1980